

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/549248**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		2		2		
7		0		0		
8		0		0		
9		0		0		
10		0		0		
11		0		0		
12		0		0		
13		1		1		
14	1		1			
15	1		1			
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	13	↙	14	↙		↙
TOTAL CLAIMS	16		14			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS						